

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if one inventor is listed below) or an original, first and joint inventor (if more than one inventor is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **"JAW CLUTCH SHOCK FORCE DAMPER SYSTEM"**, the specification of which ☒ is attached hereto OR ☐ was filed \_\_\_\_\_ and has since been granted U.S. Patent Application Serial Number \_\_\_\_\_ and amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 C.F.R. 1.56(a), including for continuation-in-part applications, material information that became available between the filing date of the prior application and the national or PCT international filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or under 35 U.S.C. 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box indicating that no priority is claimed, any foreign application for patent, inventor's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>No(s). | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority Claimed?        |                          | Certified Copy Attached? |                          |
|-------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                     | Yes                      | No                       | Yes                      | No                       |
|                                     |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

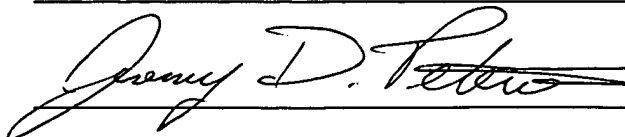
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


**POWER OF ATTORNEY:** As a named inventor, I hereby appoint all attorneys and agents associated with the following customer number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith and I direct correspondence to be sent to the address associated with that customer number:

**CUSTOMER NUMBER 28813.**

|                                |   |
|--------------------------------|---|
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Inventor's signature

 Date 11/19/2003

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